National Flood Insurance Program

	Γ 1 (OF 2) OF FLOO	· ·	RANCE AI	PPLICATI	ON				□ NEV	V	ENT POLICY NUMBE	
IP0	RTANT—PLEASE PRIN	IT OR TYP	PΕ						L REN	IEWAL		
TERM	DIRECT BILL INSTRUCTION BILL INSURED BILL SECOND MORTGAGEE BILL OTHER	□в	ILL FIRST MO		12:0	1 A.M LOCAL TIM ING PERIOD: [[E AT T ST. MA	HE INSUR ANDARD 3 AP REVISIO AN TRANS	ED PROPE 30-DAY ON (ZONE C 5ACTION—I	TO RTY LOCATION HANGE FROM NON-SI NO WAITING D WAITING (SFHA ONL	FHA TO SFHA)—ONE	
	NAME, ADDRESS OF LICE	NSED PROP	ERTY OR CAS	UALTY INSUI	RANCE AGI	ENT OR BROKER:	SS	NAME, M	AILING ADD	RESS, AND PHONE NO.	OF INSURED:	
INFORMATION	AGENCY NO.:PHONE NO.:						INSURED TAILING ADDRE	PHONE N	10.:			
щ	IS INSURANCE REQUIRE						≥_			RTY LOCATION SAME	AS INSURED'S MAIL	ING ADDRESS?
ASSISTANG	IF YES, CHECK THE GOV ☐ OTHER (SPECIFY): ENTER CASE FILE NO.: _	ERNMENT /	AGENCY:	SBA 🗆	FEMA	□ FHA	PROPERTY	\square YES	□ NO IF1	NO, ENTER PROPERTY TY LOCATION (DO NOT	ADDRESS. IF RURA	L,
MORTGAGEE	NAME AND ADDRESS O	F FIRST MO	ORTGAGEE:				AORTGAGEE/ OTHER	☐ 2ND	MORTGAG	AGEE, LOSS PAYEE OF CLUDING THE NAME / EE		
2	LOAN NO.:		 FAX NO.:				2ND	LOAN NO).: NO.:		FAX NO.:	
Ξ	RATING MAP INFORMAT	ION						NDFATHER	RED? \(\sqrt{Y}	ES □ NO IF YES,	☐ BUILT IN COMPL	IANCE?
COMMUNITY	NAME OF COUNTY/PARI COMMUNITY NO./PANE FIRM ZONE:						CUR	RENT CON	MUNITY N	GE? PRIOR POLICY NO O./PANEL NO. AND SU	JFFIX:	
	IS INSURED BUILDING OWN	NED BY STATE	E GOVERNMEN	IT? \(\text{YES}	□ NO				A ZONE: CURRENT BFE: CATED ON FEDERAL LAND? ☐ YES ☐ NO			
	BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL	NED BY STATE	NUMBER OF F	LOORS IN ENT CLUDE BASEM REA, IF ANY) O	TIRE IENT/	CONDO FORM OF O	WNERS	SHIP?	IS BUILD CONSTRU	NG IN THE COURSE OF JCTION? ☐ YES ☐ N	BUILDING USE: O MAIN HOUSE	UEST HOUSE
BUILDING	NON-RESIDENTIAL (INCLUDING HOTEL/MOTE		(RCBAP LOW-RISE ONLY)			VEL RESIDENTIAL CONI BUILDING ASSOCIA ONLY: TOTAL NUMB		DOMINIUM ATION POLICY BER OF UNITS:		□ NO NG OVER WATER?	☐ AGRICULTUR.☐ WAREHOUSE.☐ POOLHOUSE, RECREATION	AL BUILDING CLUBHOUSE,
BO	□ NONE □ FINISHED BASEMENT/ENCLOSURE □ UNFINISHED BASEMENT/ENCLOSU □ CRAWLSPACE □ CHARLESPACE		RE MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON FOUNDATION IF NOT A SINGLE-FAMILY DWELLING			HIGH-RISE		-RISE	☐ YES IF YES, A	NG ELEVATED? NO REA BELOW IS:	☐ TOOL/STORA☐ OTHER:	
	SUBGRADE CRAWLSPACE			OCCUPANCIES		IS BUILDING INSUR RESIDENCE? Y			☐ WITH	OF OBSTRUCTION OBSTRUCTION ED, COMPLETE PART 2 CATION	FOR MANUFACTU HOMES/TRAVEL COMPLETE PART	TRAILERS,
CONTENTS	CONTENTS LOCATED IN: BASEMENT/ENCLOSE BASEMENT/ENCLOSE LOWEST FLOOR ONL'	URE URE AND AI		☐ AE	BOVE GRO	OOR ABOVE GROU UND LEVEL MORE FAMILY, CONTENTS	THAN	ONE FUL	L FLOOR	THE BUILDING)		
	IS PERSONAL PROPERTY	Y HOUSEHO	OLD CONTEN	ΓS? □ YES	□NO	IF NO, PLEASE D	ESCRI	BE:				
N DATA	ALL BUILDINGS: (CHEC BUILDING PERMIT DATE DATE OF CONSTRUCTION SUBSTANTIAL IMPROVEN	N	MANUFA OR SUB	ACTURED (MO DIVISION: COI ACTURED (MO	BILE) HOME NSTRUCTION BILE) HOME	ORRESPONDING ES/TRAVEL TRAILERS N DATE OF MOBILE H ES/TRAVEL TRAILERS ANENT PLACEMENT	LOCATE IOME P	ED IN A MOE ARK OR SUE	BILE HOME PARTIES	CILITIES	/ (MN	DATE: /_ //DD/YYYY)
CONSTRUCTION	IS BUILDING POST-FIRM IF POST-FIRM CONSTRU BUILDING DIAGRAM NO LOWEST FLOOR ELEVAT IN ZONES V AND V1-V3(IS BUILDING FLOODPRO	ICTION IN Z I.: ION O ONLY, DO	ZONES A, A1:	-A30, AE, AC LOWEST ASE FLOOD OOD ELEVAT	D, AH, V, V ADJACENT ELEVATIO TION INCL	 Γ GRADE (LAG): 'N (: UDE EFFECTS OF	=) DIF	FERENCE ACTION?	ELE TO NEARES	VATION CERTIFICATION TO THE PROPERTY OF THE PR		FION.
		BUILDING		J (SEE NFI		ITS \$	JAL FC				□ NO	
			BASIC I	IMITS				L LIMITS GRAM ON	LY)	DEDUCTIBLE	BASIC AND ADDITIONAL	TOTAL
KALING	COVERAGE	AMOUNT INSURAN			NNUAL REMIUM	AMOUNT OF INSURANCE	R		ANNUAL PREMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	PREMIUM
AND	BUILDING				.00				.00	.00		.00
AGE	DATE TYPE: (ONE PUII	ו חואים חבים	POLICY D	ANKETOO	.00	NOT DEDMITTED:	DAM	MENT OF	.00	.00.	<u> </u>	.00
COVERAGE	RATE TYPE: (ONE BUII	LDING PER		IANKET CO IT FOR RAT		NOT PERMITTED)		MENT OPT CREDIT CA		ANNUAL SUBTOTAL ICC PREMIUM		Φ
ပ	☐ ALTERNATIVE	ING	☐ V-ZON	E RISK FAC D FEDERAL	TOR RATI			OTHER:		SUBTOTAL		
	☐ PROVISIONAL RAT ☐ MORTGAGE PORTI				L PROPER	11			-	CRS PREMIUM DISC	OUNT %	
	THE ABOVE STATEMEN	TS ADE CO	DDECT TO T	HE BEST OF	MV KNO	WIEDGE LUNDE	DCTAR	ID TUAT ^	NIV	SUBTOTAL		
ALURE	FALSE STATEMENTS MA	AY BE PUN	ISHABLE BY							PROBATION SURCHA	ARGE +	
2	SEE REVERSE SIDE OF	COPIES 2,	3, & 4.							FEDERAL POLICY FE	F +	

FEMA Form 086-0-1, AUG 10

SIGNATURE OF INSURANCE AGENT/BROKER

DATE (MM/DD/YYYY)

TOTAL PREPAID AMOUNT

\$

O.M.B. No. 1660-0006 Expires August 31, 2013

National Flood Insurance Program

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

1P0	RTANT—PLEASE PRIN	T OR TYI	PE						REN	EWAL		
TERM	DIRECT BILL INSTRUCTION BILL INSURED BILL SECOND MORTGAGEE BILL OTHER	□в	ILL FIRST MORTG.	AGEE 12:0	01 A.M LOCAL TIM FING PERIOD: [[[E AT T STA MA	HE INS ANDARI IP REVI AN TRA	URED PRO D 30-DAY SION (ZON NSACTION	PER E C	TO RTY LOCATION HANGE FROM NON-SF IO WAITING D WAITING (SFHA ONL)	HA TO SFHA)—ONE	
INFORMATION	AGENCY NO.:		AGENT'S TAX I	ID:		INSURED MAILING ADDRESS				RESS, AND PHONE NO. (DF INSURED:	
ASSISTANCE	IS INSURANCE REQUIRED IF YES, CHECK THE GOVI OTHER (SPECIFY): ENTER CASE FILE NO.:	ERNMENT	AGENCY: SBA	FEMA	☐ FHA	PROPERTY LOCATION	☐ YE	s □no	IF N	RTY LOCATION SAME A IO, ENTER PROPERTY TY LOCATION (DO NOT	ADDRESS. IF RURA	LING ADDRESS? IL,
MORTGAGEE	NAME AND ADDRESS OF LOAN NO.:PHONE NO.:		_			2ND MORTGAGEE/ OTHER	THE F	OLLOWING ND MORTG OTHER, PI NO.:	, IN AGE LEAS	AGEE, LOSS PAYEE OR CLUDING THE NAME A EE	ND ADDRESS: GENCY ☐ LOS	S PAYEE
COMMUNITY	RATING MAP INFORMATI NAME OF COUNTY/PARI COMMUNITY NO./PANEL FIRM ZONE: COMMUNITY PROGRAM	SH: _ NO. AND				□ c cur	ONTINU RENT C	JOUS COVE COMMUNIT	ERAC Y NO	ES NO IF YES, GE? PRIOR POLICY NO D./PANEL NO. AND SUI).:	
BUILDING	IS INSURED BUILDING OWN BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL (INCLUDING HOTEL/MOTE BASEMENT, ENCLOSURE, CRA NONE FINISHED BASEMENT/ENC UNFINISHED BASEMENT/E CRAWLSPACE SUBGRADE CRAWLSPACE	L) WLSPACE LOSURE NCLOSURE	NUMBER OF FLOORS BUILDING (INCLUDE ENCLOSED AREA, IF BUILDING TYPE	S IN ENTIRE BASEMENT/ ANY) OR 2 SPLIT LEVEL DWHOUSE SE ONLY) O (MOBILE) FRAILER ON MILY DWELLING,	CONDO FORM OF O YES NO CONDO COVERAGE UNIT ENT RESIDENTIAL COND BUILDING ASSOCIA ONLY: TOTAL NUMBI (INCLU HIGH-RISE ESTIMATED REPLAC AMOUNT \$ IS BUILDING INSUR	IS FOR IRE BUILDING POMINIUM P	HIP? LDING IM DLICY INITS: N-RES.) -RISE	IS BL CONS IS BL I	IILDIII STRU IILDIII ES IIILDIII O ARTI. NTIR IIILDIII ES S, AR		BUILDING USE: MAIN HOUSE	UEST HOUSE ARAGE AL BUILDING CLUBHOUSE, BUILDING GE SHED URED (MOBILE) TRAILERS,
CONTENTS	CONTENTS LOCATED IN: BASEMENT/ENCLOSU BASEMENT/ENCLOSU LOWEST FLOOR ONLY IS PERSONAL PROPERTY	JRE AND A ABOVE G	ROUND LEVEL	ABOVE GRO	RESIDENCE? Y OOR ABOVE GROU DUND LEVEL MORE FAMILY, CONTENTS IF NO, PLEASE DI	ND LE THAN S ARE	VEL AN I ONE F RATED	OF AI ID HIGHER FULL FLOOF THROUGH	PPLIC R DUT	THE BUILDING)		
CONSTRUCTION DATA	ALL BUILDINGS: (CHECK BUILDING PERMIT DATE DATE OF CONSTRUCTION SUBSTANTIAL IMPROVEM IS BUILDING POST-FIRM IF POST-FIRM CONSTRU BUILDING DIAGRAM NO. LOWEST FLOOR ELEVATI IN ZONES V AND V1-V30 IS BUILDING FLOODPRO	CONSTRUCTION IN 2	MANUFACTURI OR SUBDIVISII MANUFACTURI OR SUBDIVISII JCTION? ☐ YES ZONES A, A1-A30, LO (-) BASE F DES BASE FLOOD I	ED (MOBILE) HOM ON: CONSTRUCTIO ED (MOBILE) HOM ON: DATE OF PERM NO AE, AO, AH, V, WEST ADJACEN FLOOD ELEVATION	ES/TRAVEL TRAILERS N DATE OF MOBILE H ES/TRAVEL TRAILERS IANENT PLACEMENT V1-V30, VE, OR IF T GRADE (LAG): DN	PRE-F	ED IN A MARK OR SED OUTS	MOBILE HOM SUBDIVISION IDE A MOBIL NNSTRUCTI CE TO NEA	E PA I FA(I E HC ON ELE' RES'	DILITIES DME PARK IS ELEVATION RATED, VATION CERTIFICATION T FOOT(NO	ATTACH CERTIFICA	DATE: / M/DD/YYYY) TION.
	DEDUCTIBLE:	BUILDING	\$	CONTE	NTS \$		[DEDUCTIBL	E B	UYBACK? YES [□NO	
RATING	COVERAGE	AMOUNT INSURAN		S ANNUAL PREMIUM	ADDI (REGULAI AMOUNT OF INSURANCE	R PRO	L LIMIT GRAM ATE			DEDUCTIBLE PREM. REDUCTION/ INCREASE	BASIC AND ADDITIONAL TOTAL AMOUNT OF INSURANCE	TOTAL PREMIUM
COVERAGE AND F	BUILDING CONTENTS RATE TYPE: (ONE BUIL MANUAL ALTERNATIVE PROVISIONAL RATI MORTGAGE PORTE	NG	☐ SUBMIT FO☐ V-ZONE RIS☐ LEASED FE	R RATING SK FACTOR RATI DERAL PROPER	NOT PERMITTED)		MENT (CREDIT OTHER:	.(DPTION: CARD	00	.00 .00 ANNUAL SUBTOTAL ICC PREMIUM SUBTOTAL CRS PREMIUM DISCO	DUNT %	.00
SIGNATURE	THE ABOVE STATEMENT FALSE STATEMENTS MA SEE REVERSE SIDE OF	S ARE CO Y BE PUN COPIES 2,	RRECT TO THE BE ISHABLE BY FINE 3, & 4.	EST OF MY KNO		LICABL	E FEDE		_	SUBTOTAL PROBATION SURCHA FEDERAL POLICY FEE TOTAL PREPAID AMO	RGE +	\$

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CURRENT POLICY NUMBER

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National Flood Insurance Program

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

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201			7E								
	DIRECT BILL INSTRUCTIO BILL INSURED BILL SECOND MORTGAGEE BILL OTHER	□в	BILL FIRST MORTGAGEE	12:0	1 A.M LOCAL TIN ING PERIOD:	IE AT TO ST	THE INSURE FANDARD 30 AP REVISION DAN TRANSA	D PROPEI)-DAY N (ZONE C .CTION—I	CHANGE FROM NON-SF	HA TO SFHA)—ONE	
ľ	NAME, ADDRESS OF LICEN	NSED PROF	PERTY OR CASUALTY INSURA	NCE AGE	ENT OR BROKER:	SS	NAME, MA	ILING ADD	RESS, AND PHONE NO.	OF INSURED:	
			AGENT'S TAX ID: FAX NO.:			INSURED MAILING ADDRES	PHONE NO).:			
	IF YES, CHECK THE GOVE ☐ OTHER (SPECIFY):	ERNMENT	ASTER ASSISTANCE? ☐ Y AGENCY: ☐ SBA ☐ FI	EMA [□ FHA	PROPERTY LOCATION	IS INSURE YES DESCRIBE	□NO IF1	RTY LOCATION SAME / NO, ENTER PROPERTY TY LOCATION (DO NOT	ADDRESS. IF RURA	
	NAME AND ADDRESS OF LOAN NO.: PHONE NO.:					2ND MORTGAGEE/ OTHER	THE FOLLO 2ND M IF OTH	OWING, IN MORTGAGI IER, PLEA	AGEE, LOSS PAYEE OR CLUDING THE NAME A EE	ND ADDRESS: GENCY ☐ LOS	S PAYEE
	RATING MAP INFORMATI NAME OF COUNTY/PARIS COMMUNITY NO./PANEL FIRM ZONE:	SH: _ NO. AND	SUFFIX:			CUF	CONTINUOUS	S COVERA	ES □ NO IF YES, GE? PRIOR POLICY NO O./PANEL NO. AND SU).: FFIX:	
			☐ REGULAR ☐ EMERG	ENCY		CUF	RRENT FIRM	ZONE:	CI	JRRENT BFE:	
	IS INSURED BUILDING OWN	ED BY STAT	E GOVERNMENT? YES	ON [IS B	BUILDING LOCA	ATED ON FE	DERAL LAND? YES [□ NO	
	BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL		NUMBER OF FLOORS IN ENTIR BUILDING (INCLUDE BASEMEN ENCLOSED AREA, IF ANY) OR BUILDING TYPE	NT/	CONDO FORM OF CONDO COVERAGE UNIT ENTERSIDENTIAL CONI	E IS FOF	R: JILDING	IS BUILDI	ING IN THE COURSE OF JICTION?	DETACHED G DETACHED G AGRICULTURA	UEST HOUSE ARAGE AL BUILDING
-	(INCLUDING HOTEL/MOTE BASEMENT, ENCLOSURE, CRA □ NONE □ FINISHED BASEMENT/ENC □ UNFINISHED BASEMENT/E	WLSPACE TOWNHOUSE/ROWHOUSE (RCBAP LOW-RISE ONLY) MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER ON			BUILDING ASSOC ONLY: TOTAL NUM ————————————————————————————————————		CIATION POLICY MBER OF UNITS: CLUDE NON-RES.) LOW-RISE IS BUILD		ING OVER WATER? IALLY RELY ING ELEVATED?	□ WAREHOUSE □ POOLHOUSE, RECREATION □ TOOL/STORA	CLUBHOUSE, BUILDING
	☐ CRAWLSPACE ☐ SUBGRADE CRAWLSPACE	1				ESTIMATED REPLACEMENT AMOUNT \$ IS BUILDING INSURED'S PI RESIDENCE? ☐ YES ☐			IF YES, AREA BELOW IS: FREE OF OBSTRUCTION WITH OBSTRUCTION		JRED (MOBILE) TRAILERS, 2, SECTION III.
	CONTENTS LOCATED IN: BASEMENT/ENCLOSU BASEMENT/ENCLOSU LOWEST FLOOR ONLY IS PERSONAL PROPERTY	JRE AND A ' ABOVE G	BOVE ABO	VE GRO	OOR ABOVE GROU UND LEVEL MOR FAMILY, CONTENT IF NO, PLEASE D	E THAI S ARE	N ONE FULL RATED THR	FLOOR OUGHOUT	,		
	ALL BUILDINGS: (CHECK BUILDING PERMIT DATE DATE OF CONSTRUCTION SUBSTANTIAL IMPROVEM		THE FIVE BLOCKS AND RE MANUFACTURED (MOBI OR SUBDIVISION: CONS MANUFACTURED (MOBI OR SUBDIVISION: DATE	LE) HOME TRUCTION LE) HOME	S/TRAVEL TRAILERS N DATE OF MOBILE I S/TRAVEL TRAILERS	LOCAT HOME F	ED IN A MOBII PARK OR SUBD	LE HOME PA	CILITIES		DATE: // M/DD/YYYY)
	BUILDING DIAGRAM NO. LOWEST FLOOR ELEVATI IN ZONES V AND V1-V30	: ON ONLY, DO	JCTION? ☐ YES ☐ NO ZONES A, A1-A30, AE, AO, LOWEST AL (-) BASE FLOOD E DES BASE FLOOD ELEVATIO ☐ YES ☐ NO (SEE NFIP	DJACENT LEVATIO DN INCLI	GRADE (LAG): _ N(UDE EFFECTS OF	(=) DIF	FERENCE TO	ELE NEARES YES	EVATION CERTIFICATION T FOOT	 \ DATE:	TION.
}		BUILDING	•	CONTEN						□NO	
			BASIC LIMITS		ADD		AL LIMITS OGRAM ONL	Y)	DEDUCTIBLE	BASIC AND ADDITIONAL	
	COVERAGE	AMOUNT INSURAN		NUAL MIUM	AMOUNT OF INSURANCE	-	ATE A	NNUAL REMIUM	PREM. REDUCTION/ INCREASE	TOTAL AMOUNT OF INSURANCE	TOTAL PREMIUM
	BUILDING			.00		-		.00	.00		.00
	CONTENTS DATE TYPE: (ONE PUBL	DINO DES	DOLLOV BLANKET OCCU	.00	IOT DEDMITTES	DAY	(MENIT ODT)	.00.	.00		.00
	RATE TYPE: (ONE BUIL	DING PER	R POLICY—BLANKET COVE SUBMIT FOR RATIN		NOT PERMITTED)		MENT OPTI CREDIT CAF		ANNUAL SUBTOTAL		\$
	☐ ALTERNATIVE	NC	☐ V-ZONE RISK FACTO	OR RATII			OTHER:		SUBTOTAL		
	☐ PROVISIONAL RATI☐ MORTGAGE PORTF		☐ LEASED FEDERAL F TECTION PROGRAM	KUPER	11				CRS PREMIUM DISC	OUNT %	
	THE ADOVE STATEMENT	C ADE OO	PRRECT TO THE BEST OF N	AV KNO	MIEDOE LUNDS	DCTAN	VID TUAT ***	v	SUBTOTAL		
	FALSE STATEMENTS MA	Y BE PUN	IISHABLE BY FINE OR IMP						PROBATION SURCHA	RGE +	
	SEE REVERSE SIDE OF (COPIES 2,	3, & 4.						FEDERAL POLICY FEE	+	
	SIGNATURE OF INSURANCE	E AGENT	BROKER		DATE (N	/I// / Dr)/YYYY)		TOTAL PREPAID AMO	UNT	\$
	SIGNATURE OF INSUKANO	r∟ AGENI/	DIVOVEL		DAIE (N	/IIVI/ DL	/1111/				

FEMA Form 086-0-1, AUG 10

O.M.B. No. 1660-0006 Expires August 31, 2013

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National Flood Insurance Program

PART 1 (OF 2) OF FLOOD INSURANCE APPLICATION

DΛ	RTANT—PLEASE PRIN	T OD TVI	DE					RENEW	AL		
TERM	DIRECT BILL INSTRUCTION BILL INSURED BILL SECOND MORTGAGEE BILL OTHER	ONS:	SILL FIRST MORTG	AGEE 12:0	D1 A.M LOCAL TIM TING PERIOD: [[[E AT THE IN STANDA MAP RE LOAN TF	ISURED PRO RD 30-DAY VISION (ZON RANSACTION	PERTY NE CHAN	NGE FROM NON-SF	HA TO SFHA)—ONI	
INFORMATION	NAME, ADDRESS OF LICEN AGENCY NO.: PHONE NO.:		AGENT'S TAX I	ID:		INSURED ILING ADDRES	TE, MAILING A		S, AND PHONE NO. (DF INSURED:	
	IS INSURANCE REQUIRED IF YES, CHECK THE GOVI ☐ OTHER (SPECIFY): ENTER CASE FILE NO.:	ERNMENT	AGENCY: SBA	☐ FEMA	☐ FHA	. o □ γ	'ES □NO	IF NO, I	LOCATION SAME A ENTER PROPERTY A LOCATION (DO NOT	ADDRESS. IF RURA	
	NAME AND ADDRESS OF LOAN NO.:PHONE NO.:		_			D MORTGAGEE OTHER	FOLLOWING 2ND MORTG IF OTHER, PI N NO.:	i, INCLU iAGEE LEASE S	E, LOSS PAYEE OR JDING THE NAME A DISASTER AG SPECIFY:	ND ADDRESS: GENCY ☐ LOS	S PAYEE
	RATING MAP INFORMATI NAME OF COUNTY/PARI COMMUNITY NO./PANEL FIRM ZONE: COMMUNITY PROGRAM	SH: _ NO. AND				☐ CONTII CURRENT	NUOUS COVI COMMUNIT	ERAGE? Y NO./F	□ NO IF YES, PRIOR POLICY NO PANEL NO. AND SUI CI	l.: FFIX:	
١	IS INSURED BUILDING OWN	ED BY STAT	E GOVERNMENT?	YES NO					AL LAND? YES		
	BUILDING OCCUPANCY SINGLE FAMILY 2-4 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL (INCLUDING HOTEL/MOTE	ïL)	NUMBER OF FLOORS BUILDING (INCLUDE ENCLOSED AREA, IF BUILDING TYPE 1 3 OR MORE	BASEMENT/ FANY) OR	CONDO FORM OF O YES NO CONDO COVERAGE UNIT ENT RESIDENTIAL COND BUILDING ASSOCIA	IS FOR: IRE BUILDING OMINIUM	IS BU	STRUCTIC JILDING V 'ES JILDING C	N THE COURSE OF DN? ☐ YES ☐ NO WALLED AND ROOFED?] NO DVER WATER?	DETACHED G DETACHED G DETACHED G AGRICULTUR WAREHOUSE	EUEST HOUSE FARAGE AL BUILDING
	BASEMENT, ENCLOSURE, CRA NONE FINISHED BASEMENT/ENC UNFINISHED BASEMENT/E CRAWLSPACE SUBGRADE CRAWLSPACE	LOSURE	☐ TOWNHOUSE/RI (RCBAP LOW-RIS ☐ MANUFACTURED HOME/TRAVEL T FOUNDATION IF NOT A SINGLE-FAI NUMBER OF OCCUP. IS:	SE ONLY) D (MOBILE) TRAILER ON MILY DWELLING,	ONLY: TOTAL NUMBI (INCLL HIGH-RISE ESTIMATED REPLAC AMOUNT \$ IS BUILDING INSUR RESIDENCE? Y	JUDE NON-RES.) PARTI LOW-RISE IS BUILLD CEMENT COST IF YES, A FREE LED'S PRINCIPAL WITH		PARTIALLY ENTIRELY JILDING E 'ES	ELEVATED? J NO BELOW IS: DESTRUCTION STRUCTION COMPLETE PART 2	POOLHOUSE RECREATION TOOL/STORA OTHER: FOR MANUFACT HOMES/TRAVEL COMPLETE PARTI	BUILDING GE SHED URED (MOBILE) TRAILERS,
	CONTENTS LOCATED IN: BASEMENT/ENCLOSU BASEMENT/ENCLOSU LOWEST FLOOR ONLY IS PERSONAL PROPERTY	JRE AND A ABOVE G	ROUND LEVEL	ABOVE GRO	OOR ABOVE GROU DUND LEVEL MORE FAMILY, CONTENTS IF NO, PLEASE DI	THAN ONE ARE RATE	AND HIGHER FULL FLOOI D THROUGH	R OUT TH	E BUILDING)		
	ALL BUILDINGS: (CHECK BUILDING PERMIT DATE DATE OF CONSTRUCTION SUBSTANTIAL IMPROVEM IS BUILDING POST-FIRM IF POST-FIRM CONSTRU	IENT DATE	MANUFACTUR OR SUBDIVISI MANUFACTUR OR SUBDIVISI	ED (MOBILE) HOM ON: CONSTRUCTIC ED (MOBILE) HOM ON: DATE OF PERM	ES/TRAVEL TRAILERS ON DATE OF MOBILE H ES/TRAVEL TRAILERS MANENT PLACEMENT	LOCATED IN A OME PARK O LOCATED OUT	A MOBILE HOM R SUBDIVISIO FSIDE A MOBIL	, ME PARK N FACILITI LE HOME	PARK	i	DATE: //_ M/DD/YYYY)
-	IF POST-FIRM CONSTRU- BUILDING DIAGRAM NO. LOWEST FLOOR ELEVATI IN ZONES V AND V1-V3C IS BUILDING FLOODPRO	: ION IONLY, DO	LO (–) BASE F DES BASE FLOOD	WEST ADJACEN FLOOD ELEVATION ELEVATION INCI	T GRADE (LAG): ON (= LUDE EFFECTS OF	=) DIFFEREI	NCE TO NEA	ELEVAT REST FO	TION CERTIFICATION	N DATE:	
ı	DEDUCTIBLE:	BUILDING	\$	CONTE	NTS \$		DEDUCTIBI	LE BUYE	BACK? YES [□NO	1
	COVERAGE	AMOUNT		ANNUAL	(REGULAI	TIONAL LIN R PROGRAM : : RATE	M ONLY) ANNUAL		DEDUCTIBLE PREM. REDUCTION/	BASIC AND ADDITIONAL TOTAL AMOUNT	TOTAL PREMIUM
	BUILDING	INSURAN	NCE NAIL	PREMIUM .00	+	. NAIL	:	00	INCREASE .00	OF INSURANCE	.00
	RATE TYPE: (ONE BUIL MANUAL ALTERNATIVE PROVISIONAL RATI MORTGAGE PORTF	NG	☐ SUBMIT FO☐ V-ZONE RIS☐ LEASED FE	R RATING SK FACTOR RAT DERAL PROPER	NOT PERMITTED)	PAYMENT CRED OTHE	OPTION: IT CARD	ICC SU	.00 INUAL SUBTOTAL C PREMIUM JBTOTAL RS PREMIUM DISCO	DUNT %	\$
	THE ABOVE STATEMENT FALSE STATEMENTS MA SEE REVERSE SIDE OF	Y BE PUN	IISHABLE BY FINE					SU PR	JBTOTAL ROBATION SURCHA	RGE +	
ı	SIGNATURE OF INSURANCE	YE AGENIT	RROKER		DATE /M	M/DD/YYY	<i>/</i>)	— То	TAL PREPAID AMO	UNT	\$

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O.M.B. No. 1660-0006 Expires August 31, 2013 PART 2 (OF 2) OF FLOOD INSURANCE APPLICATION

SECTION I—ALL BU Diagram number selected from Building Diagrams 1-9: □ The lowest floor is (round to nearest foot): □	RENEWAL
Diagram number selected from Building Diagrams 1-9: ☐ The lowest floor is (round to nearest foot):	If yes, check the appropriate items: ☐ Furnace ☐ Heat pump ☐ Air conditioner ☐ Hot water heater ☐ Fuel tank ☐ Cistern ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer ☐ Other equipment or machinery servicing the building 7. Garage a) Is the garage attached to or part of the building? ☐ YES ☐ NO b) Total area of the garage: ☐ square feet. c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage? ☐ YES ☐ NO If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: ☐ Total area of all permanent openings (flood vents): ☐ square inches. d) Is the garage used solely for parking of vehicles, building
2. The lowest floor is (round to nearest foot):	☐ Furnace ☐ Heat pump ☐ Air conditioner ☐ Hot water heater ☐ Fuel tank ☐ Cistern ☐ Elevator equipment ☐ Washer & dryer ☐ Food freezer ☐ Other equipment or machinery servicing the building ☐ 7. Garage a) Is the garage attached to or part of the building? ☐ YES ☐ NO b) Total area of the garage: ☐ square feet. c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage? ☐ YES ☐ NO ☐ If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: ☐ Total area of all permanent openings (flood vents): ☐ square inches. d) Is the garage used solely for parking of vehicles, building
feet	 ☐ YES ☐ NO b) Total area of the garage: square feet. c) Are there any openings (excluding doors) that are designed to allow the passage of floodwaters through the garage? ☐ YES ☐ NO If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: Total area of all permanent openings (flood vents): square inches. d) Is the garage used solely for parking of vehicles, building
floor is (round to nearest foot): feet below the lowest floor. Site location a) Approximate distance of site location to nearest shoreline: Less than 200 feet	allow the passage of floodwaters through the garage? YES NO If yes, number of permanent openings (flood vents) within 1 foot above the adjacent grade: Total area of all permanent openings (flood vents): square inches. d) Is the garage used solely for parking of vehicles, building
a) Approximate distance of site location to nearest shoreline: Less than 200 feet	above the adjacent grade: Total area of all permanent openings (flood vents): square inches. d) Is the garage used solely for parking of vehicles, building
□ Lake □ Other:	e) Does the garage contain machinery or equipment?
(Including Manufactured [Mobile B. Elevating foundation of the building: Piers, posts, or piles	If yes, check the appropriate items: Furnace
B. Elevating foundation of the building: ☐ Piers, posts, or piles	
Reinforced concrete shear walls Solid perimeter walls (Note: Not approved for elevating in Zones V1-V30, VE, or V.) Does the area below the elevated floor contain machinery or equipment? YES NO If yes, check the appropriate items: Furnace Heat pump Air conditioner Hot water heater Fuel tank Cistern Elevator equipment Washer & dryer Food freezer Other equipment or machinery servicing the building O. Area below the elevated floor: a) Is the area below the elevated floor enclosed? YES NO If yes, check one of the following: Partially Fully If 10a is NO, do not answer 10b through 10f. b) If enclosed, provide size of enclosed area/crawlspace: SECTION III—MANUFACTURED (MOB	c) Is the area below the elevated floor enclosed using materials other than insect screening or light wood lattice? YES NO If yes, check one of the following: Breakaway walls Solid wood frame walls Masonry walls Other: d) Is the enclosed area/crawlspace constructed with openings (excluding doors) to allow the passage of floodwaters through the enclosed area? YES NO If yes, number of permanent openings (flood vents) within 1 foot above adjacent grade Total area of all permanent openings (flood vents) Breakaway walls Solid wood frame walls NO If yes, number of permanent openings (flood waters through the enclosed area? YES NO If yes, number of permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) If yes, describes area/crawlspace used for any purpose other than solely for parking of vehicles, building access, or storage? If yes NO If yes, describe: The provided Hamber of Permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) If yes, describes area of all permanent openings (flood vents) If yes number of permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) If yes, number of permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) If yes number of permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (flood vents) within 1 foot above adjacent grade Solid area of all permanent openings (
	14. The manufactured (mobile) home/travel trailer anchoring
Make:	system utilizes: Over-the-top ties Frame ties Slab anchors Frame connectors Other:
2. Manufactured (mobile) home/travel trailer dimensions:	15. The manufactured (mobile) home/travel trailer was installed in accordance with: ☐ Manufacturer's specifications ☐ Local floodplain management standards
	☐ State and/or local building standards
THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.	

FLOOD INSURANCE FLOOD INSURANCE APPLICATION FEMA FORM 086-0-1

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Severe Repetitive Loss property owners and Preferred Risk Policy owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Providing the information is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

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